Trainer Resource Guide

9. Risk Management: Environmental Safety

Trainer Guide: SESSION 9

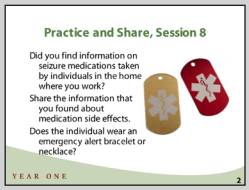
Materials

- LCD projector and computer with PowerPoint software
- DSP TV Training DVD, Year 1
- Chart paper
- Colored markers
- Masking tape

Show Slide #1: Risk Management Environmental Safety

Review Practice and Share, Session 3

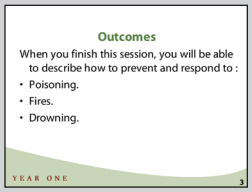
Show Slide #2: Practice and Share, review the assignment.



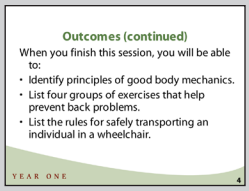
- Ask for volunteers who would like to share what they discovered.
- In the last session, you learned about changes that you may observe that might tell you of an illness or injury of an individual you are supporting.
- In this session, you will continue to learn about things that may present a risk to an individual you are supporting. The focus is on identifying and preparing to deal with environmental risks.

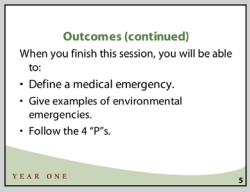
OUTCOMES

Show Slides #3, #4 and #5: Outcomes



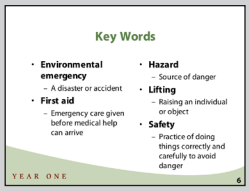
- Review outcomes for the session.





KEY WORDS

Show Slide #6: Key Words



- Review key words for the session.
- Give students 5 minutes to think about and rewrite definitions in their own words in the spaces provided.

Student Resource Guide: SESSION 9

Risk Management: Environmental Safety

OUTCOMES

When you finish this session, you will be able to:

- Describe how to prevent and respond to poisoning.
- Describe how to prevent and respond to falls.
- Describe how to prevent and respond to fires.
- Describe how to prevent and respond to drowning.
- List the principles of good body mechanics.
- List the four groups of exercise that help prevent back problems.
- List the rules for safely transporting an individual in a wheelchair.
- Define a medical emergency.
- Give examples of environmental emergencies.

KEY WORDS

Key Word	Meaning	In My Own Words
Environmental Emergency	A disaster or accident that may cause damage to people or property; for example, a flood, fire, earthquake, or chemical spill.	
First Aid	Emergency care given to an ill or injured person before medical help arrives.	
Hazard	A source of danger.	
Lifting	To raise an individual or an object.	
Safety	The practice of doing things correctly and in a careful manner in order to have an environment that is free of danger.	

ACTIVITY

What Do You Want to Know?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

ACTIVITY

What Do You Want to Know?

Directions: Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.

What do you **already know** about environmental risks and safety?

What do you **want to know** about environmental risks and safety?

To be answered at the end of the session, during review:
What **have you learned** about environmental risks and safety?

Safety is About Awareness and Prevention

- Remember what you learned in Session 3: Preventing serious accidents is the Number One priority!
- As a DSP, you can prevent accidents, and, if they do occur, respond to them in a way that minimizes injury to both you and the individual.

Practices that Reduce the Risk of Injury

Show Slides #7 and #8: Practices that Reduce Risk of Injury and review.

- Ask students how many of them have children or work in a home with children. If applicable, refer them to Appendix 9-A for additional practices that must be taken to reduce the risk of injury when children are present in the home.

Show Slide #9, Scene 19: Home Hazards; click on the icon to show the video clip.

- Discuss and answer questions at end of Scene 19.

Answers

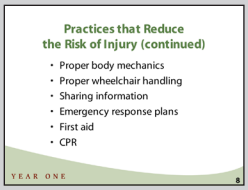
— What hazards did you observe? *Hazards included dishes sitting on the edge of the counter, newspaper on the stove while the stove was on, knives and medication out on the counter, a broken chair, a disconnected smoke detector, spills on the floor, a cluttered room, and tangled electrical cords.*

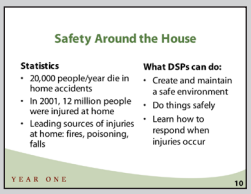
— What are the risks to people in the home? *Possible risks include cuts, fires, poisoning, falls, electrocution and other injuries.*

— How can those risks be mitigated? *Be aware of what makes for a safe environment, assess the situation, and practice the principles of risk management to create a safe environment. More specifically, lock medications, ensure that furniture is in good condition, keep floors clean and rooms tidy, and use power strips and electrical cord organizers.*

Safety Around the House

Show Slide #10: Safety Around the House





Safety Is About Awareness and Prevention

Safety means doing things in a correct and careful manner in order to have an environment that is free of danger or hazard. But accidents happen, don't they? Is there some way to prevent them? In the first risk management session, we discussed a number of ways to minimize risk for the individuals we support. We spoke of assessing risks so we could anticipate problems before they occurred. We also talked about strategies to lessen those risks. In fact, the first safety principle for Direct Support Professionals is *preventing serious incidents is the Number One Priority*.

As a DSP, you can prevent accidents and, if they do occur, respond to them in a way that reduces injury to both you and the individual. Following are some basic practices that reduce the risk of injury to individuals and staff. If children are present, additional practices and steps to prevent injury must be taken. See Appendix 9-A.

Practices that Reduce the Risk of Injury

- Know and practice the principles of risk management.
- Keep medications and dangerous substances in locked cabinets or containers.
- Have good lighting.
- Provide enough space for people to move around freely and without clutter.
- Remove any tripping hazards.
- Practice proper body mechanics when lifting.
- Assist with proper wheelchair handling.
- Share information about hazards.
- Know and practice emergency response plans.
- Know first aid.
- Know CPR (cardiopulmonary resuscitation).
- Limit distractions, including texting and cell phone use, while working.
- Focus on the individuals you support and what is happening in the environment.

Safety Around the House

Would it surprise you to know that 20,000 persons die each year in the United States from home accidents? In 2001 more than 12 million people were injured at home seriously enough to need to go to an emergency room.

Many things may cause injuries in the home and community. Three major sources of injuries at home and in the community are poisonings, falls and fires. In 2003, fires were the second leading cause of injury-related deaths among children 5 to 9 years old and the seventh leading cause of death among people 65 and older. Poisonings is the second leading cause of accidental death in the home. Falls were the third leading cause of injury-related deaths among Americans of all ages and were the leading cause of injury-related deaths among people ages 65 and older.

DSPs can increase safety and reduce the likelihood of injury or death by:

- Creating and maintaining a safe environment.
- Doing things in a safe manner.
- Learning how to respond appropriately when injuries occur.

Activity: Accidents at Home

Show Slide #11: Activity: Accidents at Home

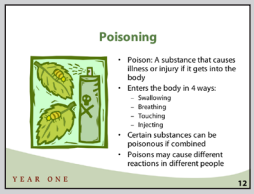
- Groupings: pairs.
- Instruct students to take a moment to think about and discuss two or three accidents they or someone in their own home have experienced.
- Ask for student volunteers to share examples with the large group and write examples on a flip chart. When the text addresses those examples, refer back to this activity.
- Ask the students if there are things they changed in their homes to reduce the likelihood of accidents.

Poisoning

- This information relates to a session outcome and may appear on the quiz.

  Outcome: Describe how to prevent and respond to poisioning.

Show Slide #12: Poisoning and review.

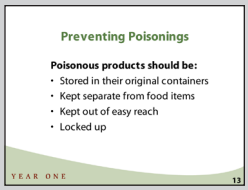


Preventing Poisonings

- Potentially poisonous products found in the home require special handling.

Show Slide #13: Preventing Poisonings and review.

- Ask the students if their facility has any policies or procedures that specifically deal with how to handle household chemicals. If so, what are those policies or procedures?

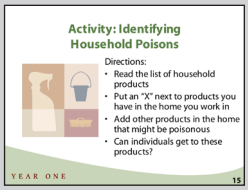


Show Slide #14: Some Common Household Poisons

Activity: Identifying Household Poisons

Show Slide #15: Activity: Identifying Household Poisons

- Groupings: Individual.
- Read directions aloud and give students 5 minutes to complete the activity.
- Ask students to raise their hands if they put an "X" next to 5 products that may be poisonous? 10 products? 20 products?
- This activity demonstrates that there are a lot of opportunities for poisonings to occur and that it is very important that we implement steps to prevent poisonings.



Poisoning

One of the most tragic and preventable causes of injury and death is accidental poisoning. A poison is a substance that causes injury or illness if it gets into the body.

There are four ways a poison can enter the body:

- Swallowing
- Breathing
- Touching
- Injecting

Combinations of certain substances can be poisonous, although if used by themselves they might not cause harm. Not everyone reacts to poisons in the same way. A substance that is harmful to one may not always be harmful to another.

Preventing Poisonings

Many common household chemical products are poisonous and need special handling and labeling. All potentially poisonous products found in the home must be:

- Stored in their original containers.
- Kept separate from food items.
- Kept out of easy reach and locked up to prevent individuals from eating or drinking them or getting them on their skin or in their eyes.

ACTIVITY

Identifying Household Poisons

Directions: Read this list of common household products and put an "X" next to the ones that are in the home you work in. Next, identify additional products found in the home that may be poisonous. Consider how easily individuals in the home can get to them and what steps you might take to prevent an accidental poisoning. This will not be shared with the large group, so use this exercise as a strategy to make your home even safer!

Common Household Poisons

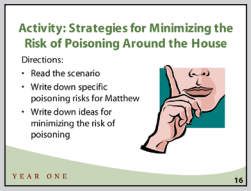
- ☐ *Alcohol*
- ☐ *Laundry detergent*
- ☐ *Moth balls*
- ☐ *Dishwasher detergent*
- ☐ *Nail polish and nail polish remover*
- ☐ *Drain cleaner*
- ☐ *Oven cleaner*
- ☐ *Drugs of any kind*
- ☐ *Glass cleaner*
- ☐ *Furniture polish*
- ☐ *Scouring pads*
- ☐ *Scouring powder/pads*
- ☐ *Toilet cleaner*
- ☐ *Weed killer*
- ☐ *Air freshener*
- ☐ *Insecticide*
- ☐ *Bleach*
- ☐ *Cosmetics*
- ☐ *Grease remover*
- ☐ *Any cleaning product*
- ☐ *Paint and paint thinner*
- ☐ *Any medications*

Additional products:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Activity: Strategies for Minimizing Risk of Poisoning Around the House

Show Slide #16: Activity: Strategies for Minimizing the Risk of Poisioning Around the House



- Groupings: individual, pairs, small groups, large group.
- Read directions aloud.
- Ask for volunteers to share some of the risks they identified and plans to manage those risks. For example, *Matthew is curious and tends to put things in his mouth which is a potential poisoning risk. A plan to manage that risk is to ensure that potentially poisonous products are inaccessible to Matthew and others in the home.*

ACTIVITY

Strategies for Minimizing the Risk of Poisoning Around the House

Directions: Read the scenario. In the "Risk" column, write down specific risks for Matthew regarding accidental poisoning. In the "Plans to Manage Risk" column, write down ideas for how to minimize the risk of poisoning.

Matthew is an 8-year-old boy with developmental disabilities. He lives in a small family home located just outside of Bakersfield. Matthew has been living there for the past two years. He is a curious, engaging young man who communicates in a range of ways, such as single words, sign language (approximately 15 signs), pointing, and using pictures. Matthew has recently started using a picture exchange communication system, and he is able to find familiar pictures in his book. Because Matthew has mild cerebral palsy, his gait is unsteady, and his balance is poor.

Matthew is able to undress independently and can do most of his own dressing. He needs reminders to use the bathroom and support to do most of his hygiene. Matthew makes some poor decisions regarding his personal safety; for example, he tends to put things into his mouth, and therefore staff needs to stay close to him in the community.

Jim has been working as a DSP for the past month. This is his first experience with individuals with disabilities. So far, he enjoys the job and has developed a nice relationship with Matthew. He also likes the administrator, April Young, as she has been very helpful.

Description of Risk*	Plans to Manage Risk

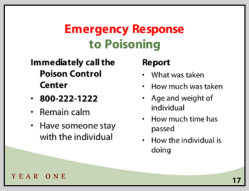
***Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.**

Trainer Guide: SESSION 9

Be Prepared

- Accidental poisonings may occur even with care and attention.
- DSPs must always be prepared.
- In 1997, the California State Poison Control System was started and now everyone in California can use the same phone number for Poison Control.
- The first step in being prepared to handle a poisoning is to post the phone number next to the phone: 1-800-222-1222.

Show Slide #17: Emergency Response to Poisoning; review information on slide.



Be Prepared

Even when steps are taken to prevent poisoning, an accidental poisoning may occur. If this happens, the DSP must get emergency medical assistance as quickly as possible. In emergency situations, the DSP who is prepared and who stays calm is the most helpful. We might believe that we know what we would do in an emergency, but it's just at this critical time that we realize we aren't prepared. We thought the poison control number was here by the phone. Who moved it? Are we supposed to make him vomit or not? Should we get him in the car and rush to the hospital?

In 1997, the California State Poison Control System began. Everyone in California can use a common number to call for help and information. Calls are answered by trained health care professionals. Post the Poison Control phone number—**1-800-222-1222**—next to the phone in the home where you work so the number can't be moved.

Emergency Response to a Poisoning Incident

If you think an individual might have been poisoned, immediately call the Poison Control Center and:

- **Remain calm.**
- **Have someone stay with the individual.**
- **Report what was taken (brand name and label, if possible).**
- **Report how much was taken (if you don't know, say so).**
- **Report age and weight of the person.**
- **Report how much time has passed since the poisoning happened.**
- **Report how the indivdual is doing.**

Poison Control Center: 1-800-222-1222

Important information on Syrup of Ipecac:

For many years, Ipecac syrup was used to make a person vomit to get the poisonous substance out of the body quickly. However, it is rarely recommended now. With some poisons (for example, petroleum-based products or acids), vomiting is not a good approach because of the possible injury to the throat, lungs, or mouth. Do not use it to induce vomiting unless Poison Control says to do so. If vomiting occurs, save what is thrown up.

If Ipecac syrup is kept on hand, it should be locked up. Check expiration dates as it loses its effectiveness over time.

First Steps After Common Accidental Poisonings

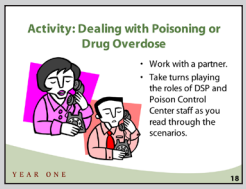
Call the Poison Control Center, and

- For eyes- Flood (flush) the eye with lukewarm water for 15 minutes; have individual blink while flushing the eye
- For swallowed medicine- Do not give anything by mouth
- For household chemicals- Give a small amount of water; do not make individual vomit
- For inhaled substance- Get into fresh air; open doors and windows
- For skin- Remove clothing if poison is on it; flood the skin with water for 15 minutes, then gently wash

Activity: Dealing with Poisoning or Drug Overdose

Show Slide #18: Activity: Dealing with Poisoning or Drug Overdose

- Groupings: Pairs.
- Read directions aloud.



ACTIVITY

Dealing with Poisoning or Drug Overdose

Directions: Pair up with another student and role-play calling the Poison Control Center. One person will perform the role of the DSP calling the Poison Control Center, and the other person will act as the Poison Control Center staff. There are four situations. Each student should make two of the calls.

Scenario #1.

DSP staff member: "One of our children was playing in the field beside our house and ate a mushroom that was growing there. He brought in a small piece of the stem, but I don't know how to identify poisonous from non-poisonous mushrooms. What should I do?"

Poison Control staff:

1. Where was the mushroom growing? On grass, near trees, on wood?
2. When did this happen?
3. How is the individual doing?
4. Does the individual have any medical conditions?
5. What is the name and age of the individual?
6. What is the name of the caller, the phone number, and zip code?
7. How close is the nearest emergency room?

Scenario #2.

DSP staff member: "We just admitted a new resident to the home. We discovered that he had various strength Thorazine (chlorpromazine) in his clothes and in different boxes. Apparently, his roommate found at least one on the floor and ate it. The pills do look like M&Ms. The roommate fell asleep eating dinner. We woke him and tried to find out what color the pill was, but he is unsure. It was either brown or red. What should we do?"

Poison Control staff:

1. Is he awake? If not, can you wake him? Is he breathing okay?
2. How long ago did this happen?
3. Are you sure it was Thorazine?
4. Was there only one pill involved, or could he have eaten several?
5. How old is he?
6. How much does he weigh?
7. Does he have any medical conditions?
8. Is he taking any medications?

Activity: Dealing with Poisoning or Drug Overdose (continued)

- Debrief with the students: *Was it hard to answer the Poison Control representative's questions? Why? What tools from the DSP Toolbox do you think you need to use when calling Poison Control? Did you have any insights about what information you would need to have as you called Poison Control?*

ACTIVITY

Continued from previous page

Scenario #3.

DSP staff member: "A man with a developmental disability who lives with me was doing the dishes, and he says that he ate some of the powdered dishwasher detergent. What should I do?"

Poison Control staff:

1. Is the man having any symptoms?
2. Is this automatic dishwashing detergent?
3. Has he received any water or milk?
4. Are there any burns in his mouth, or is he having problems swallowing?
5. Does he have any medical conditions?

Scenario #4.

DSP staff member: "Sam was using Super Glue on his model airplane project. When he was brushing back his hair, he got some of the glue in his eye, or at least I think he did because his eye is closed. What should I do?"

Poison Control staff:

1. Is he complaining of any eye pain?
2. Have you tried to flood his eye with water under the kitchen faucet or under the shower?
3. Are the skin surfaces glued together or just the eyelashes?
4. Does he wear contact lenses?

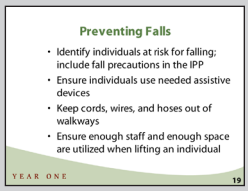
Trainer Guide: SESSION 9

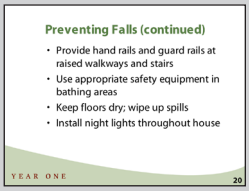
Falls

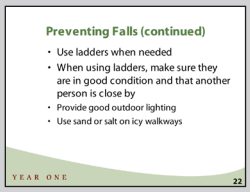
- This information relates to a session outcome and may appear on the quiz.

  Outcome: Describe how to prevent and respond to falls.
- All of us, at one time or another, have fallen.
- In 2005, 17,000 Americans died from falls.
- Falls commonly occur on flights of stairs, ladders, chairs and stools, roofs and getting in and out of bathtubs.
- The individuals we support are at an increased risk of falling and suffering injuries due to their:
  - — Disabilities
  - — Medications
  - — Health problems
- For example, *individuals with epilepsy sometimes experience hard falls with resultant injuries during sudden unexpected seizures.*

Show and review Slides #19, #20, #21 and #22: Preventing Falls







Falls

All of us, at one time or another, have fallen. Sometimes we were tripped by another person, or we were just careless and not looking where we were going. Most of the time, it's only our pride that is injured, but too often, falls result in physical injuries. In fact, in 2005 about 17,000 Americans died from falls. One of every three home accidents is a fall.

Falls may occur on stairs, ladders, chairs and stools, roofs, and when getting in and out of bathtubs. Some falls are caused by individuals stepping on an unseen object such as marbles or a skateboard. Individuals of all ages fall out of bed or while getting out of bed. One of every four falls is on a level surface.

Falls may be caused by careless behavior. An individual may be moving in too much of a hurry, playing roughly, or not paying attention to objects where they are walking. Some falls are caused by health problems such as fainting, poor eyesight, hypertension, joint problems, or overmedication. Sometimes people fall when they are helping others in some way.

The individuals that DSPs support, because of their disabilities, medication, and at times, health problems, are at an increased risk of falling and of receiving injuries such as broken teeth, hips, legs, ankles, and arms. For example, individuals with epilepsy may fall and be injured during their seizures. Similarly, problems with muscle movement that come with cerebral palsy can cause someone to fall, especially when the individual walks in an unsteady way.

Preventing Falls

There are a number of ways a DSP can reduce the risk of falls in the home for both consumers and staff including:

- Identify individuals at risk for falling and include fall precautions in the Individual Program Plan (IPP).
- Be sure individuals needing assistive devices (canes, walkers) use them and store them properly.
- Keep cords, wires, and hoses out of walkways.
- Make sure enough staff are involved when an individual is being transferred from one place to another, and make sure there is enough space.
- Provide hand rails and guard rails at all raised walkways or stairs.
- Use safety equipment in the shower, such as a rubber mat, grab bar or non-slip strips in the bathtub or shower stall, a shower bench when the individual is unsteady or not well coordinated.
- Keep the floors dry; wipe up spills.
- Install night lights in bedrooms, halls, and bathrooms.
- Be sure nothing (clothes, toys, book, etc.) is left on stairways or on the floor.
- Use non-skid matting or tape under floor rugs.
- Carpet stairs (rubber runner on stairs to basement).
- Replace old carpet.
- Use a ladder (or move one) rather than stretching to reach something.
- Use well-maintained ladders and always have another person close by.
- Provide good outdoor lighting on walks and driveways.
- Where it is icy, put sand or salt on porches and other walkways.

Emergency Response to a Fall Incident

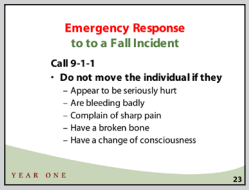
- Review emergency response procedures for fall incidents on S-9.

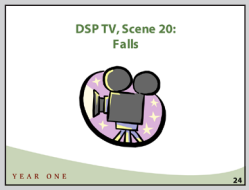
Show Slide #23: Emergency Response to a Fall Incident and review the circumstances under which you do not move a person.

- All falling incidents should be documented in the individual's record and a Special Incident Report (SIR).

Show Slide #24 and click on icon to show DSP TV, Scene 20: Falls.

- Discuss and answer questions at end of Scene 20.





Answers

— How could this injury have been prevented? *This injury could have been prevented by cleaning the spill immediately, placing a barrier around the spill, and informing Marissa about the spill when she entered the room.*

— What is the appropriate response? *Since Marissa lost consciousness, the appropriate response would be to call 911 and not move her.*

— What kind of documentation must be done? *The fall must be documented in Marissa's record and a Special Incident Report should be completed.*

Emergency Response to a Fall Incident

Even with the best precautions, falls may occur. How well the DSP performs in providing immediate assistance, preventing additional injury, and obtaining medical assistance if necessary is what makes the difference in the result of a fall.

Once he or she becomes aware of the situation, the DSP needs to carefully and quickly assess the situation by *listening, observing, and questioning*:

- **Listen** to what the individual is telling you.
- **Observe** the position of the individual's body and look for signs of bleeding, broken bones, or breathing problems.
- **Ask** the individual what he or she is feeling.

The response of the DSP to an individual's fall depends on the circumstances of the fall, the person's ongoing health status, and what injury the person appears to have sustained.

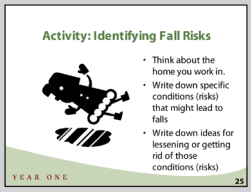
If an individual appears to be seriously hurt, is bleeding badly, complains of sharp pain, appears to have a broken bone(s) such as an arm, leg, hip, or back, or appears to have a change of consciousness, **CALL 911 FOR ASSISTANCE. DO NOT MOVE THE INDIVIDUAL**.

Document all falling incidents in the individual's record and complete a Special Incident Report (SIR).

Activity: Identifying Fall Risks

Show Slide #25: Activity: Identifying Fall Risks

- Groupings: Individual or teams of students working in same home.
- Read directions aloud.
- Ask for volunteers to share potential fall risks and plans to manage those risks.



ACTIVITY

Identifying Fall Risks

Directions: Think about the home you work in. Are there unsafe conditions that could lead to falls? For example, are there:

- *Objects, items, or slippery surfaces in the home that could lead to falls?*
- *Unsafe practices by individuals that could lead to falls?*
- *Unsafe practices by staff that could lead to falls?*

In the "Description of Risk" column, write down specific unsafe conditions. Then think of possible actions that would eliminate or reduce the risks. In the "Plans to Manage Risk" column, write down ideas for minimizing the risk of falling.

Description of Risk*	Plans to Manage Risk

***Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.**

Trainer Guide: SESSION 9

FIRES

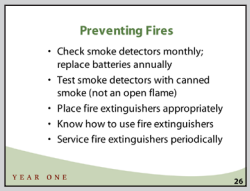
- This information relates to a session outcome and may appear on the quiz.

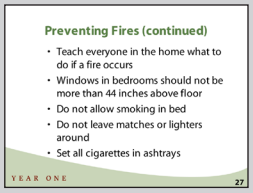
  Outcome: Describe how to prevent and respond to fires.
- Fires are the third leading cause of accidental deaths in the home.
- Prevention of fires is the Number One priority.
- Many fires are the results of neglect (for example, *careless smoking*). These are the kinds of things you can do something about.

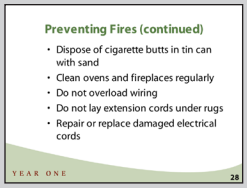
Preventing Fires

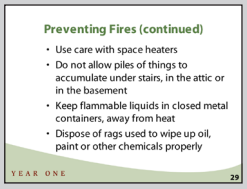
- Residential sprinkler systems are the best way to provide safety in a house fire. Such systems will suppress 9 out of 10 fires and provide a "window of opportunity" for people to escape.

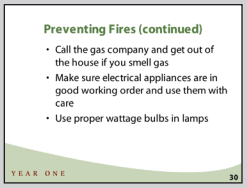
Show Slides #26-#30: Preventing Fires and review the things that can be done to minimize fire hazards in the home.











Fires

Fires are the third leading cause of accidental deaths in the home. They often result in serious injury and cause property damage. One-third of deaths from fire (burning or smoke inhalation) occur between midnight and 4:00 a.m., when most people are sleeping.

Preventing fire is the number one priority. Many fires are the result of carelessness (the most common cause of fire is careless smoking), or laziness, and we can do something about these things.

Preventing Fires

In-home sprinkler systems are the *best way* to protect lives in a house fire. Such systems will put out 9 out of 10 fires and provide time for people to exit. Use "rate of rise" heat detectors in kitchens and garages, places more likely to have a fire where there is a sudden change of temperature with little smoke. Bedrooms and living rooms should have built-in smoke detectors with battery power for back-up. Smoke detectors linked to an alarm system provide additional safety. If the detectors are battery operated, they should be checked monthly, and batteries should be replaced at least once a year.

Fire prevention is a team activity. A number of things can be done to minimize fire hazards in the home.

- Check smoke detectors monthly, and replace batteries once a year or as needed.
- Use canned smoke, not an open flame, to test smoke detectors.
- Place fire extinguishers in appropriate places, such as the kitchen.
- Train staff to use fire extinguishers.
- Have fire extinguishers serviced regularly.
- Practice fire drills every month.
- Make sure that windows in bedrooms are not more than 44 inches above the floor to allow for easy escape.
- Do not allow smoking in bed. Even better, do not allow smoking in the house.
- Do not leave matches or lighters in the house.
- Always use ashtrays.
- Dispose of cigarette butts in a tin can with sand. Do not empty this can until all the cigarettes are cold.
- Clean ovens and fireplaces regularly.
- Do not overload electrical wiring. (Do not plug in and use too many appliances on one outlet.)
- Do not lay extension cords under rugs.
- Repair or replace damaged or frayed electrical cords immediately.
- Use extreme care with space heaters. Be sure the home's electrical wiring can handle the heater.
- Do not let things (especially paper, rags, and old clothes) pile up under stairs, in the attic, or in the basement.
- Keep flammable liquids (liquids that may catch fire) in tightly closed metal containers, away from heat sources.
- Rags used to wipe up oil, paint or other chemicals must be stored and disposed of properly. Contact your local (city or county) office that deals with hazardous household waste for information.

Responding to a Fire

What to Do if You Smell Smoke or Discover a Fire

Show Slide #31: Emergency Response to a Fire and review what to do.

- Remember to stay calm.

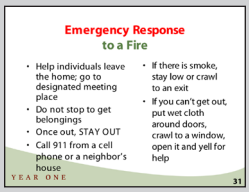
Show and review Slide #32: Preparing for Fire Emergencies

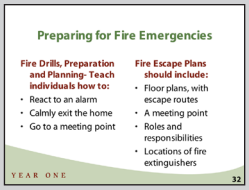
Fire Drills, Preparation and Planning

- Community Care Facilities are required to have drills regularly, with documentation of the results.

Homes Must Have Fire Escape Plans

- Review what belongs in a fire escape plan and encourage students to study the plan for their home
  - — Community care homes use ABC fire extinguishers. ABC fire extinguishers can be used on all types of fires.





- If you smell gas, all people should leave the house; then call the gas company.
- Be careful with all electrical appliances and make sure they are in good working condition (hair curling iron, toaster, irons, or space heaters).
- Use proper wattage bulbs in lamps.

Responding to a Fire

Learn about and use the prevention services of local fire departments. Disaster Plans (Appendix 9-B) should be checked out with fire department officials and revised according to recommendations made by these fire prevention experts.

What to Do If You Smell Smoke or Discover a Fire

Having a plan for responding to a fire and practicing the plan is critical. A Disaster Plan should be simple. In an emergency, stay calm and take specific actions.

In Case of Fire:

- Help everyone get out of the house as fast as possible and meet in the designated place.
- Do not stop to get any belongings.
- Once out, STAY OUT. Never go back into a burning building for any reason. If someone is missing, tell the firefighters.
- Call 911 from a neighbor's house or cell phone.
- If there is smoke in the room, get on the floor and crawl to the exit.
- If you can't escape, put wet cloth or bath towels or fabric around doors to block off smoke, crawl to a window, and open it. Yell out the window for help and wave a sheet or cloth for attention. If there is a phone in the room, call 911.

Fire Drills, Preparation and Planning

Community care facilities are required to have fire drills regularly, and document the results. Fire drills are planned times to practice the plan for responding to a fire. In preparation for drills, or in addition to drills, here are some things to teach individuals living in your home:

- If you hear an alarm, leave the house, moving away from the fire.
- Remain calm and walk, crawl, or wheel out of the house.
- Once outside the house, go to an agreed upon meeting point, such as the edge of the street in front of the neighbor's house, in order to be accounted for.

Homes Must Have Fire Escape Plans

Here are some things that belong in the plan:

- Floor plans, showing escape routes.
- A meeting point that is outside the home and away from danger.
- Specific roles and responsibilities of DSPs and residents.
- Location of fire extinguishers.

Community care homes use multipurpose fire extinguishers, labeled "ABC." An "ABC" fire extinguisher can be used on all types of fires: wood, cloth and paper fires; oil, gas and kerosene fires; and electrical fires as well. Other types of fire extinguishers work only on certain types of fires.

Homes Must Have Fire Escape Plans (continued)

- Fire extinguishers have a role if a fire is small and can be readily contained, but it is important for staff to follow fire escape plans.
- The fire escape plans should be practiced regularly and drills should be scheduled to cover various shifts.
- The more practice individuals have, the more likely they will act responsibly and safely in the event of a real fire.

Emergency Treatment for Burns

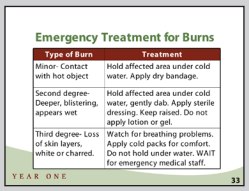
- While staff waits for assistance, it might be necessary to provide some immediate treatment for burns.

Show and review Slide #33: Emergency Treatment for Burns

— Minor burns: submerge affected area in water and apply a dry dressing if necessary.

— Second-degree burns: Immerse in cold (not ice) water and blot dry. You may apply sterile dressing and elevate the limbs. Do not use ointments.

— Third-degree burns: Best left to medical emergency staff. Leave clothing intact and watch for possible breathing complications. You might apply cold packs to face, hands or feet for comfort, but do not immerse burned areas in ice water.



Type of Burn	Treatment
Minor- Contact with hot object	Hold affected area under cold water. Apply dry bandage.
Second degree- Deeper, blistering, appears wet	Hold affected area under cold water, gently dab. Apply sterile dressing. Keep raised. Do not apply lotion or gel.
Third degree- Loss of skin layers, white or charred.	Watch for breathing problems. Apply cold packs for comfort. Do not hold under water. WAIT for emergency medical staff.

Responding to a Fire (continued)

Fire extinguishers are useful if a fire is small and can be easily put out, but it is important for staff to follow fire escape plans. Practicing these plans should be a regular and frequent activity for both staff and residents. Drills should be scheduled during different shifts, and some should be scheduled to interrupt the regular routines of individuals and staff (bed time, bath time). The more practice individuals have, the more likely they will know what to do in the event of a real emergency.

A fire emergency is something none of us want to ever experience. By taking prevention seriously, we can avoid fires in most cases. Having a clear plan and practicing that plan frequently will offer more assurance that staff and residents will act responsibly and safely in an emergency.

Emergency Treatment for Burns

If there is a fire, staff may need to provide some immediate treatment for burns. Minor burns (for example, contact with hot objects) are treated by holding the affected area under water and applying a dry dressing (bandage) if necessary.

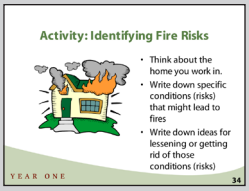
Second-degree burns are deeper and often blister and appear to be wet. They are treated by holding the affected area under cold (not ice) water and gently dabbing dry. Apply sterile dressing and keep the limbs raised. Do not apply lotions or gels.

Third-degree burns are those with complete loss of all layers of skin and a white, charred appearance. These are best left to medical emergency staff. While waiting for medical staff, leave clothing intact and watch for possible breathing problems. Apply cold packs to face, hands, or feet for comfort, but do not hold burned areas in ice water.

Activity: Identifying Fire Risks

Show Slide #34: Activity: Identifying Fire Risks

- Groupings: Individuals or teams of students working in same home.
- Read directions aloud.
- Ask for volunteers to share potential fire risks and plans to manage those risks.



ACTIVITY

Identifying Fire Risks

Directions: Think about the home you work in. Are there unsafe conditions that could lead to fire? For example:

- *Are smoke detectors checked monthly?*
- *Are matches and lighters left out on counters?*
- *Do you know where the fire extinguishers are and how to use them?*
- *Are there piles of old clothes or newspapers in the home?*

In the "Description of Risk" column, write down specific unsafe conditions. Then think of possible actions that would eliminate or reduce the risks. In the "Plans to Manage Risk" column, write down ideas for how to minimize the risk of fire.

Description of Risk*	Plans to Manage Risk

***Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.**

Drowning

- This information relates to a session outcome and may appear on the quiz.

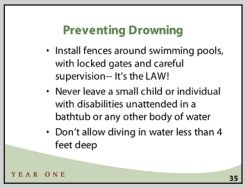
  Outcome: Describe how to prevent and respond to drowning.

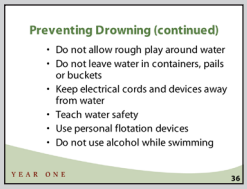
Facts About Drowning

- Review the Facts about Drowning at top of the page.
- Near drowning is a term used when a person survives for at least 24 hours following such an event.
- Regional Centers provide services to over 500 individuals who have developmental disabilities caused by near drowning accidents.
- Individuals with developmental disabilities are at increased risk for drowning because they may lack water safety awareness.
- Individuals with epilepsy are at increased risk, and suffering a seizure in the water can be fatal.

Preventing Drowning

Show Slides #35 and #36: Preventing Drowning and review.





Drowning

Facts About Drowning

- Drowning is the second leading cause of unintentional injury-related death among children under the age of 15.
- Individuals can drown not only in natural bodies of water, but in bathtubs, swimming pools, and hot tubs.
- Drowning rates are three times higher in rural areas than urban areas.
- Alcohol use is involved in about half of teen deaths involving water recreation.
- Males account for 92 percent of drowning deaths in the 15–19 year age bracket.

"Near drowning" is the term used when a person survives for at least 24 hours following a drowning event. For each child who dies from drowning, approximately four children are hospitalized for near drowning. One-third of near drowning victims who are in a coma upon entering the hospital and who live will have damage to their brain. Regional centers provide services to over 500 persons in California who have developmental disabilities caused by near drowning accidents.

Individuals with developmental disabilities are at increased risk for drowning because they may lack water safety awareness. Individuals with epilepsy are at increased risk, because having a seizure in the water can be fatal.

Preventing Drowning

Community Care Licensing requires swimming pools to be surrounded by fences that are climb-resistant and at least four feet high. There must be locked gates and careful supervision of individuals in the water by someone trained and certified in water safety. Here are some additional actions to prevent drowning:

- Never leave anyone with a developmental disability alone in a bathtub, shower stall, hot tub, swimming pool, wading pool, or other body of water for any reason.
- Don't allow diving into water that is less than four feet deep.
- Don't allow rough play or running near a swimming pool.
- Do not leave water in containers, pails, or buckets.
- Keep electrical cords and devices away from water.
- Teach everyone water safety and, if possible, how to swim.
- Require everyone to use an approved personal flotation device whenever riding on a boat or fishing and preferably while playing near a river, lake, or ocean.
- Do not drink alcohol while swimming or at the beach.

Trainer Guide: SESSION 9

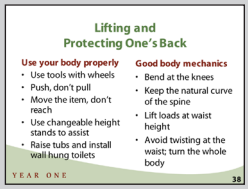
Helping with Transfers, Positioning and Lifting

Show Slide #37: Helping with Transfers, Positioning and Lifting

- Read the scenario on the opposite page aloud.
  - — Ask the students if any of the individuals in their home need assistance to move.
- 2 Reasons for becoming more skilled at transfers, positioning and lifting:
  - — To prevent injuring the individual we are assisting.
  - — To prevent strain and injury to our own backs.

Lifting and Protecting One's Back

Show Slide #38: Lifting and Protecting One's Back



- Minimizing back problems calls for 2 things:
  - — Using our bodies properly when lifting, pushing or reaching.
  - — Practicing exercises to strengthen our backs.
- Review things you can do when lifting, pushing or reaching for something. Use examples and/or demonstrate the right movements using an object like a box or a book.
  - — Use wheel devices when possible.
  - — Push, don't pull, items.
  - — Move to the item, rather than reach for it.
- Refer students to pictures on S-18 as you review the following principles of good body mechanics. This information relates to a session outcome and may appear on the quiz.

  Outcome: Identify the principles of good body mechanics.
  - — Squat, rather than bend over, to reach down for something.
  - — Turn, rather than twist, to go in a different direction.
  - — Keep the natural curve of the spine intact.
  - — Lift loads at about waist height.

Helping with Transfers, Positioning, and Lifting

Assisting individuals to move involves three activities: transfer, positioning, and lifting. Transfers involve shifting an individual from one place to another, for instance from a wheelchair to a bed, with the individual bearing some weight. Positioning means arrange someone's body on a surface. Lifting means bearing an individuals full weight while moving them from one place to another. There are two reasons to become more skilled at transfers, positioning, and lifting. First, we do not want to injure the individual we are supporting. Second, we do not want to injure ourselves. Assisting an individual to move can put a great deal of strain on our bodies unless we practice the proper strategies. At some time during their lives, four out of five people have back problems such as severe muscle spasms, strained back muscles, or an injured disc. The DSP is no exception.

Amber is a young woman who uses a wheelchair. She is able to move the chair by herself, but needs assistance to transfer from her bed, another chair, or the toilet to her wheelchair. Direct Support Professionals who work in Amber's home have become used to lifting her into her chair. They do this on the average of six times a day, and she only weights about 95 pounds. While they know they should follow certain steps in assisting her, the DSPs are often in a hurry and take some short cuts. Phyllis, a DSP who has supported Amber for the past eight months, has recently begun to feel some pain in her lower back in the mornings. It seems that as she gets going, her back loosens up, so she's not that concerned about it. A couple of anti-inflammatory pills usually make her back feel better.

Lifting and Protecting One's Back

Unfortunately, Phyllis may be experiencing early signs that she is doing some damage to her back. Amber may not weigh much, but lifting 95 pounds in this way is putting a strain on Phyllis' back. How can Phyllis minimize back problems without leaving this job she loves?

Minimizing back problems calls for two things:

1. Using our bodies properly.
2. Practicing exercises to strengthen our backs.

We can do a number of things when we have to lift, push, or reach for something, no matter how light the item is.

When lifting or moving an object:

- **Use tools with wheels whenever possible.**
- **Push, don't pull, items such as a garbage container or a cart.**
- **Move to the item, rather than reach for it.**
- **Bend at the knees, not the waist, when reaching.**
- **Turn the whole body, rather than twisting at the waist, to go in a different direction.**

  Twisting motions, especially with a heavy load, place considerable stress on the spine.
- **Keep the natural curve of the spine during the movement; don't round or arch the back.**

  A common problem is lifting loads from the floor. But overhead loads can also be hazardous. Store loads off the

Lifting and Protecting One's Back (continued)

- When possible, elevate tubs and install wall hung toilets to provide toe space to improve lifting.

Principles of Good Body Mechanics

- Continue referring to Slide #38 and pictures in Student Guide.
- In addition, hydraulic tilters, springloaded bottoms, and drop-down or removable sides on tubs and bins can eliminate back stress due to reaching into tubs and bins.

floor (above knee height) and below shoulder height to avoid the need too bend over.

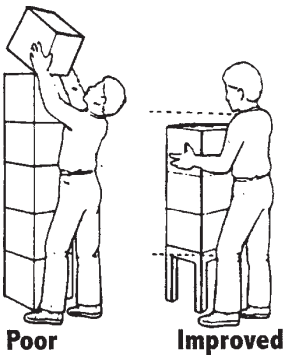
- **Lift loads at about waist height.**

  Changeable height stands can be used to raise boxes up and down to the right height (and also to accommodate employees of different heights). Reaching down into tubs and bins is a common source of back stress. Use tools that will tilt the load for you and boxes with drop down or removable sides.

- **When possible raise bath tubs and install wall hung toilets to provide enough room for lifting and transfering individuals.**

Principles of Good Body Mechanics

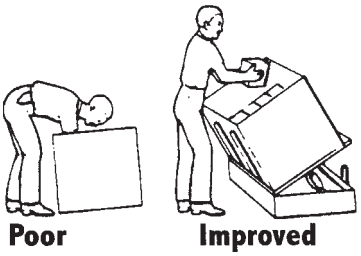
Keep the natural curve of the spine
A common problem is lifting loads from the floor. But overhead loads can also be hazardous. Store loads off the floor (above knee height) and below shoulder height to avoid the need to bend over.



Adjustable-height "scissors lift"

Lift loads at about waist height
Ideally, loads should be at about waist height when lifted. Use changeable height stands to raise boxes up and down to the right height (and also to accomodate employees of different heights).

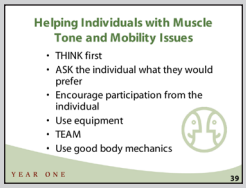
Reaching down into tubs and bins is a common source of back stress. Use tools that will tilt the load toward you and boxes with drop-down or removable sides.



Avoid twisting motions
Twisting motions, especially with a heavy load, place a great amount of stress on the spine. Arrange furniture and activities to reduce the need to twist at the waist.

Helping Individuals with Abnormal Muscle Tone and Mobility

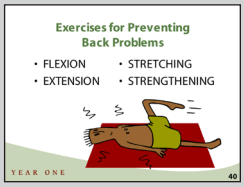
Show Slide #39: Helping Individuals with Muscle Tone and Mobility Issues



- Individuals vary in size, muscle tone, and control of their bodies. They also have different needs in regard to help in moving about.
- A plan should be devised for each individual. The plan should include training for the DSPs. Review principles listed in Student Guide and showing in Slide #39.
- In any situation, when positioning or transferring someone, DSPs should follow these principles:
  - — Take time.
  - — Ask the individual how he or she wants to be assisted.
  - — Encourage as much participation as possible by the individual you are assisting.
  - — Use equipment when possible.
  - — Team up with another person when a two-person lift is needed.
  - — Use good body mechanics, like the ones we just discussed.

Exercises for Preventing Back Problems

Show Slide #40: Exercises for Preventing Back Problems



- Strengthening your entire body prevents future back problems and also improves your general health.
- Be sure to check with your doctor or other health care professional before starting the exercises.
- THESE EXERCISES ARE NOT RECOMMENDED FOR USE DURING AN ACUTE BACK PROBLEM OR SPASM. IF ANY EXERCISE CAUSES INCREASED OR CONTINUING BACK PAIN, STOP THE EXERCISE AND TRY SOMETHING ELSE. STOP ANY EXERCISE THAT CAUSES PAIN TO RADIATE AWAY FROM YOUR SPINE INTO YOUR BUTTOCKS OR LEGS, EITHER DURING OR AFTER THE EXERCISE.
- You don't need to do every exercise.
- Start with five repetitions three to four times a day and gradually increase to 10.
- Do all exercises slowly.

Helping Individuals with Muscle Tone and Mobility Issues

Some Specific Transfer and Positioning Guidelines

Individuals vary in size, muscle tone, and control of their bodies. They also have different needs with regard to help in moving about. Some people need help turning in bed. Some need help to sit up. Some need help in scooting forward or backward in a chair or bed. Some need help moving from the bed to a chair, from a chair to the toilet, from a chair to bed, or from a chair (or bed) to the floor. Some need help walking from one place to another without falling.

There should be a plan, for each individual who needs assistance with moving. The plan should include whatever training is needed for the DSPs and individual.

Sometimes, a single helper can assist someone.

Sometimes, two or more people may need to work together.

Sometimes, mechanical aids such as a Hoyer lift may be needed.

In any situation, when positioning and/or transferring someone, DSPs should attend to the following principles:

- **Take time to think before you lift.**

  Be sure there is enough room to do the lift. Make sure you have good footing and light.
- **Ask the individual how he or she wants to be assisted.**
- **Encourage as much participation as possible by the individual you are assisting.**
- **Use equipment (boards, sheets, lifts, and so forth) when possible.**
- **Team up with another person when a two-person lift is needed.**
- **Use good body mechanics (good technique).**

Exercises for Preventing Back Problems

As a DSP, using proper techniques for lifting and moving people and objects ensures the safety of the individual being assisted and prevents injury to you. You may also be able to help yourself by doing exercises to strengthen your back.

Strengthening your entire body prevents future back problems and also improves your general health. Many exercises and sports strengthen your arms and legs, and special exercises to strengthen your abdominal muscles are also encouraged. Keeping your body flexible helps you to use proper body mechanics that protect your back.

Be sure to check with your physician or other health care professional before starting the exercises.

THESE EXERCISES ARE NOT RECOMMENDED FOR USE DURING AN ACUTE BACK PROBLEM OR SPASM. IF ANY EXERCISE CAUSES INCREASED OR CONTINUING BACK PAIN, STOP THE EXERCISE AND TRY SOMETHING ELSE. STOP ANY EXERCISE THAT CAUSES THE PAIN TO RADIATE AWAY FROM YOUR SPINE INTO YOUR BUTTOCKS OR LEGS, EITHER DURING OR AFTER THE EXERCISE.

You do not need to do every exercise. Stick with the ones that help you most. Start with 5 repetitions three to four times a day, and gradually increase to 10. Do all exercises slowly. The basic types of exercises that can help your back include flexion, extension, stretching and strengthening.

Exercises for Preventing Back Problems (continued)

Continue to refer to Slide #41. The basic exercises on the next two pages fall into four groups:

— Flexion

— Extension

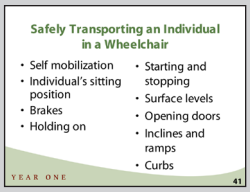
— Stretching

— Strengthening

- This information refers to a session outcome and may appear on the quiz.

  Outcome: List the four groups of exercises that help prevent back problems.

- Review exercises.
- This is a good opportunity to get students moving. Ask if students are interested in trying some of the exercises and lead them through a couple of simple ones, like the pelvic tilt and backward bend.



Exercises for Preventing Back Problems (continued)

Basic Exercises

The following basic exercises fall into four groups:

- **Flexion.**
  "Flexion" means bending. Flexion exercises stretch the lower back muscles and strengthen the stomach muscles.
- **Extension.**
  "Extension" means straightening. Extension exercises strengthen your lower back muscles.
- **Stretching.**
  Stretching warms up muscles for movement and walking.
- **Strengthening.**
  Weight resistance training improves muscle tone and strength.

Flexion Exercises

Curl-Ups

Curl-ups strengthen your abdominal muscles, which work with your back muscles to support your spine.

- Lie on your back with knees bent (60 degree angle) and feet flat on the floor, arms crossed on your chest. Do not hook your feet under anything.
- Slowly curl your head and shoulders a few inches up until your shoulder blades barely rise from the floor. Keep your lower back pressed to the floor. To avoid neck problems, remember to lift your shoulders and do not force your head up or forward. Hold for 5 to 10 seconds (do not hold your breath), and then curl down very slowly.

Pelvic Tilts

This exercise gently moves the spine and stretches the low back.

- Lie on your back with knees bent and feet flat on the floor.
- Slowly tighten your stomach muscles and press your lower back against the floor. Your pelvis (hips) should come off the floor about an inch. Hold for 10 seconds (do not hold your breath). Slowly relax.

Extension Exercises

Press-Ups

Begin and end every set of exercises with a few press-ups.

- Lie face down with hands at shoulders, palms flat on floor near your shoulders.
- Lift your head and shoulders up off the floor, keeping your hands and elbows on the floor and the lower half of your body relaxed.
- If it's comfortable, press your chest forward.
- Keep hips pressed to the floor. Feel the stretch in your low back.
- Lower upper body to the floor. Repeat 3 to 10 times, slowly.

Backward Bend

Practice the backward bend at least once a day and do it frequently when working in a bent forward position.

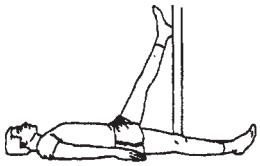
- Stand upright with your feet slightly apart. Back up to a counter top for greater support and stability.

Exercises for Preventing Back Problems (continued)

- Place your hands in the small of your back and gently bend backward. Keep your knees straight (not locked) and bend only at the waist.
- Hold the backward stretch for one to two seconds.

Stretching Exercises

Hamstring Stretch



This stretches the muscles in the back of your thigh that allow you to bend your legs while keeping a natural curve in your back.

- Lie on your back in a doorway with one leg through the doorway on the floor and the leg you want to stretch straight up with the heel resting on the wall next to the doorway.
- Keep the leg straight and slowly move your heel up the wall until you feel a gentle pull in the back of your thigh. Do not overstretch.
- Relax in that position for 30 seconds, then bend the knee to relieve the stretch. Repeat with the other leg.

Hip Flexor Stretch

This stretches the muscles in the front of your hip, which avoids "swayback" caused by tight hip muscles.

- Kneel on one knee with your other leg bent and foot in front of you. Keep a natural curve in your back.
- Slowly shift your weight onto your front foot, maintaining a natural curve in your back. Hold for 10 seconds. You should feel a stretch in the top of the front of the leg you are kneeling on. Repeat with the other leg.

Strengthening Exercises

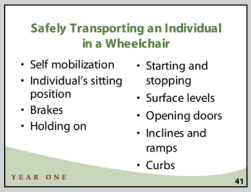
Prone Buttocks Squeeze

This exercise strengthens the buttocks muscles, which support the back and aid in lifting with the legs.

- Lie flat on your stomach with your arms at your sides.
- Slowly tighten your buttocks muscles. Hold for 5 to 10 seconds (do not hold your breath). Slowly relax.
- You may need to place a small pillow under your stomach for comfort.

Safely Transporting an Individual in a Wheelchair

Show Slide #41: Safely Transporting an Individual in a Wheelchair



- A wheelchair is an example of adaptive equipment that must be individualized for the individual using it.
- Our first consideration is to assist an individual to move and at the same time, to reduce the risk of injury when he or she uses the chair.
- Refer to Slide #42 and the Student Guide; review things to consider when assisting an individual who uses a wheelchair.
- This information relates to a session outcome and may appear on the quiz.

  Outcome: List the rules for safely transporting an individual in a wheelchair.

Safely Transporting an Individual in a Wheelchair

Some of us have become so used to seeing people using wheelchairs that we forget that there are things we need to do to ensure their safety and comfort. A wheelchair is an example of adaptive equipment that must be individualized for the person using it. Our first consideration is to assist an individual to move and at the same time, to reduce the risk of injury when he or she uses the chair. We also need to remember to include the individual so he or she can be part of any social interaction. In schools, some teachers have created wheelchair safety classes for peers who are interested in pushing their friends who use wheelchairs. Completing this class and gaining a wheelchair safety license helps to ensure that no one is injured and that peers are demonstrating respectful behavior.

As we prepare to assist an individual to use a wheelchair, here are some critical points to consider:

- **Self-mobilization**: Does this individual want your assistance? Can the individual move himself or herself? If yes, encourage him to transport himself as much as possible.
- **Individual sitting position**: Before starting check to see that the indivudual is seated according to their individual plan.
  - Are the individual's hips supposed to be all the way back in the wheelchair?
  - Does the seat belt need to be attached?
  - Are footrests in place? Should the individual's feet be on the footrests?
  - Are the individual's hands on the armrests or in his or her lap, away from the wheels?
- **Brakes:** Are the brakes locked prior to assisting an individual into or out of a wheelchair?
- **Holding on**: Are you grasping both push handles on the wheelchair firmly?
- **Starting and stopping**: Are you starting and stopping slowly, taking corners slowly, and maintaining a steady pace while moving? This is to avoid jostling the individual or throwing him or her off balance.
- **Surface levels**: Are you alert for changes in surface levels; for example, doorjambs or the floor of an elevator? Hitting a half-inch rise at standard wheelchair speed can bend the front casters and throw the individual forward.
- **Opening doors**: Are you opening doors by stopping the wheelchair, opening the door by hand and slowly bringing the wheelchair through? Never open doors by pushing with the front of the wheelchair. This can damage the wheelchair's footrests, the individual's feet, or the door. If the door does not stay open on its own, hold it with one hand or your backside. Do not let the door bang the side of the wheelchair.
- **Inclines and ramps**: Are you ensuring that the individual's weight is always pushing back toward you on upward slopes? The individual's weight should always be pushing back toward you on upward slopes. Going uphill means pushing the individual; to go downhill, turn the chair around and walk backwards. In this manner, the individual's weight will push back toward you.
- **Curbs:** Are you using the large wheels to roll over curbs?
  - **Up curbs**—Stop at the curb, raise the front casters by pressing down on the foot lever, roll the front casters onto the sidewalk, and roll the large wheels over the curb by lifting slightly on the push handles as you push forward.

Medical Emergencies

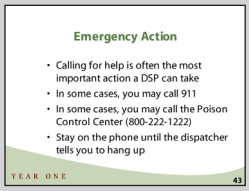
Show Slide #42: Medical Emergencies

- A medical emergency is an unexpected event calling for First Aid, followed by prompt medical attention.
- All emergencies call for a prompt response, either calling 911 or calling Poison Control and getting advice.
- This information relates to a session outcome and may appear on the quiz.

  Outcome: Define a medical emergency.

Emergency Action

Show Slide #43: Emergency Action. **Review times when 911 or the Poison Control Center be called.**



- Always call 911 if the individual:
  - — Has bleeding that can't be controlled.
  - — Is or becomes unconscious, not related to a seizure.
  - — Has no pulse.
  - — Has trouble breathing or is breathing in a strange way.
  - — Has chest pain or pressure.
  - — Has severe injuries, such as broken bones as a result of an accident.
  - — Is choking (not breathing and not coughing).
  - — Has injuries to the head, neck or back.
  - — Has gone into shock.
  - — Has a seizure lasting five minutes or continuous seizures.
  - — Suffers electrical shock.
  - — Is drowning or near drowning.
  - — Has paralysis, numbness or confusion.
  - — Suffers severe burns that cover more than one part of the body or on the head, neck, hands, feet or genitals.
- Other reasons to call 911:
  - — Fire or explosion.
  - — Downed electrical wires.
  - — Swiftly moving or rapidly rising water.
  - — Presence of poisonous gas.
  - — Vehicle collisions with injuries.
  - — Shooting.
- When you call 911, tell them:
  - — Who you are.
  - — Where you are.
  - — What has happened.
- Stay on the phone until the dispatcher tells you to hang up.

– **Down curbs**—Always come down curbs facing backwards with the large wheels coming first. Maintain some upward pressure on the push handles as you pull the wheelchair toward you.

The above guidelines are from *The North Dakota Staff Training* manual, pp. 77–78), 1995

Medical Emergencies

A DSP is constantly making decisions, and one of the most serious decisions is to determine when medical attention is necessary.

> A medical emergency is an unexpected event calling for first aid, followed by prompt medical attention.

Some emergencies call for an immediate response to protect life.

All emergencies call for a prompt response, either calling 911 or calling a Poison Control Center (1-800-8-POISON) and getting advice.

Emergency Action:

Calling for help is often the most important action a DSP can take to help the individual in need of aid.

ALWAYS Call 911 if the individual:

- Has bleeding that can't be controlled.
- Is or becomes unconscious not related to a seizure.
- Has no pulse.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Has severe injuries such as broken bones as a result of an accident.
- Is choking (not breathing and not coughing).
- Has injuries to the head, neck, or back.
- Has gone into shock.
- Has a seizure lasting five minutes or continuous seizures.
- Suffers electrical shock.
- Is drowning or near drowning.
- Has paralysis, numbness, confusion.
- Suffers severe burns that cover more than one part of the body or on the head, neck, hands, feet, or genitals

If an individual appears to have been poisoned, first call the Poison Control Center at 1-800-222-1222.

Call 911 if any of the following circumstances apply:

- Fire or explosion.
- Downed electrical wires.
- Swiftly moving or rapidly rising water.
- Presence of poisonous gas.
- Vehicle collisions with injuries.
- Shooting.

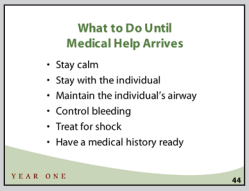
When you call 911, tell them:

- Who you are.
- Where you are.
- What has happened.
- When it happened.

Stay on the phone until the dispatcher tells you to hang up.

Medical Emergencies (continued)

Show Slide #44: What to Do Until Medical Help Arrives



- Until medical help arrives:
  - — Stay calm.
  - — Stay with the person.
  - — Maintain airway.
  - — Control bleeding.
  - — Treat for shock.
  - — Have a current medical history ready to give to the paramedics.

Show Slide #45: First Aid and Supplies

- First Aid is required by Community Care Licensing regulations and is a great skill to have.
- The Red Cross and other organizations offer the classes.
- First aid techniques include:
  - — Heimlich maneuver.
  - — Rescue breathing.
  - — CPR.
- Every community care facility must have the following supplies at a central location in the home. Make sure you know where these supplies are located and how to use them.
  - — Current edition of First Aid Manual.
  - — Sterile First Aid dressings.
  - — Bandages or rolled bandages.
  - — Adhesive tape.
  - — Scissors.
  - — Tweezers.
  - — Thermometer.
  - — Antiseptic solution.

What to Do Until Medical Help Arrives

You've done the right thing calling for help. Whenever you are concerned about an injury or medical condition, calling for assistance is the right thing to do. While you are waiting for assistance, there are some very important things you can do to give the individual the best possible chance to recover.

Until medical help arrives:

- **Stay calm** so that you can reassure the individual and not add to fear and concern.
- **Stay with the person.**
- **Maintain the individual's airway**, if necessary by tilting the head back.
- **Control bleeding**, by application of pressure or use of a tourniquet if necessary.
- **Treat for shock** by having the person lie down and by loosening clothing, covering with a blanket, and seeking medical attention.
- **Have a current medical history ready** to give to the paramedics including, at a minimum:
  - Name, date of birth, current address, and phone number
  - Current medications
  - List of allergies
  - Insurance information (for example, Medi-Cal card)
  - Information about what happened and when
  - Physician's name and telephone number

It is a good idea to have all health information, including a copy of the individual's health history and consent-to treatment forms, in a separate folder, available for DSPs to give to emergency personnel.

First Aid

First Aid is emergency care given immediately to someone who is hurt. First aid training is required by Community Care Licensing regulations. The Red Cross and other organizations offer first aid classes.

First aid techniques include:

- Abdominal thrusts, also known as the Heimlich maneuver
- Rescue breathing
- Cardio-pulmonary resuscitation (CPR)

First Aid Supplies

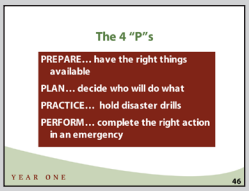
Every community care facility (CCF) must have the following minimum supplies at a central location within the home:

- A current edition of a First Aid manual approved by the American Red Cross, the American Medical Association, or a state or federal health agency.
- Sterile first aid dressings.
- Bandages or rolled bandages.
- Adhesive tape.
- Scissors.
- Tweezers.
- Thermometer.
- Antiseptic solution.

It is important that every DSP knows where these supplies are in the home and how to use them.

Environmental Emergencies: Fire, Earthquake, and Flood

Show Slide #46: The 4 "P"s



- We can rarely predict environmental emergencies, but we can do our best to prepare for them.
- This information relates to a session outcome and may appear on the quiz.

  Outcome: Give examples of environmental emergencies.
- Some environmental emergencies are internal, such as when a fire occurs within the home.
- Other environmental emergencies are external, such as earthquakes, floods, tornadoes, toxic spills, or other events that interfere with essential services.

Responding to Disasters

- Once a disaster occurs, there are 4 questions that must be asked:
  1. Are there injuries that require First Aid and medical attention?
  2. Does the home have to be evacuated, or is it safe to occupy?
  3. Are there sources of food and water?
  4. Has the disaster interfered with public utilities, such as gas, electricity and communications?
- Review the "4P's," what DSPs can do to respond well during an environmental emergency.

Disaster Preparation

- **1st P: Prepare**
  — Every home needs to have critical supplies on hand because of the disruption to services that environmental disasters create. Review the bullets in the Student Guide.

Environmental Emergencies: Fire, Earthquake, and Flood

We can rarely predict when a disaster or accident, such as a fire, earthquake or flood, will occur, but we can do our best to prepare for these environmental emergencies. How DSPs react in an emergency depends upon their ability to identify possible risks, their skill in following the emergency plan, and their ability to remain calm in the face of uncertainty.

Some environmental emergencies are internal, as when a fire occurs within the home. Others are external, as when an earthquake, flood, tornado, toxic spill, or other event outside the home interferes with power, water, food supplies, or other essential services.

Some external emergencies may cause internal emergencies, as when a flood damages a home or an earthquake causes a fire.

External disasters, may cause problems with travel, communications, and basic utility services, including gas, water, and electricity. They put a great deal of strain on emergency services, including medical care.

Responding to Disasters

Once a disaster occurs, there are four questions that must be asked.

- Are there injuries that require First Aid and medical attention?
- Do the individuals have to evacuate (leave) or is it safe to stay in the home?
- Are food and water available?
- Has the disaster affected public utilities, such as gas, electricity, and communications?

To increase their ability to respond well during an environmental emergency, a DSP needs to follow the "4 Ps":

- **PREPARE** … have the right things available.
- **PLAN** … decide who will do what.
- **PRACTICE** … hold disaster drills.
- **PERFORM** … complete the right action in an emergency.

PREPARE

Every home needs to have critical supplies on hand in case there is an environmental disaster. In addition to fire extinguishers and smoke detectors that every home should have, each household needs:

- First aid kit and first aid book.
- Adjustable wrench for turning off gas and water.
- Battery-powered radio and flashlight with plenty of extra batteries.
- Bottled water sufficient for the number of individuals and staff in the home (1 gallon per person per day).
- A one-week food supply of canned and dried foods for each individual and staff member.

  NOTE: These should be replaced regularly: water every six months and canned goods once a year. Containers should be dated.
- Non-electric can opener.
- Portable stove and fuel, such as butane or charcoal.
- Matches (NOTE: Do not light if there is any smell of gas).
- Credit cards and cash.
- An extra set of keys.

Disaster Preparation (continued)

- **2nd P: Plan**
  - — Again, Community Care Licensing requires all community care facilities to have a Disaster Plan.
  - — Refer students to Appendix 9-B to see what a blank disaster plan looks like.
  - — DSPs should assist in creating and refining the Disaster Plan.

- **3rd P: Practice**
  - — DSPs should know how to do the following things so that they will be prepared in case of an environmental emergency:
    - – Turn off gas, water and electricity.
    - – Provide first aid.
    - – Get individuals to the assistance they need.
    - – Communicate with other staff.

- **The 4th P: Perform**
  - — It is always advisable to stay calm.
  - — Review the steps that one should take after an earthquake.

- A current posted Disaster Plan, with information about relocation, Poison Control, and physician names and telephone numbers.

In addition, DSPs must have the following items for each individual living in the home including:

- List of current medications being taken and prescribing physician.
- Currently prescribed medications on hand.
- Emergency information (for example, name, date of birth, home address, and phone number; name, address, and phone number of administrator; Medi-Cal or other medical insurance numbers; known allergies and food sensitivities; and name, address, and phone number of relatives or closest friends).
- Medi-Cal or other insurance card.
- Signed consent-to-treatment form, with phone number of the regional center or other placement agency.
- Other personal and health-related information in a readily accessible form.
- A change of clothing, rain gear, and sturdy shoes.
- Blankets or sleeping bag.
- Any needed adaptive equipment or assistive device (for example, wheelchair, extra pair of glasses).

Plan

Community Care Licensing requires all facilities to have a Disaster Plan (see Appendix 9-B). DSPs should assist in writing the home disaster preparedness plan. Assisting in writing the plan makes it more likely that DSPs will understand the reason for actions they should take and may also result in identifying strategies for a better plan.

Practice

Each DSP should know how to respond appropriately to an external disaster, and practice is the way this is accomplished. Knowing you need to turn off the gas is only useful if you know how to do this and have the tools to complete the task. DSPs should know how to:

- Turn off gas, water, and electricity.
- Provide first aid.
- Get individuals to the assistance they need.
- Communicate with other staff.

Perform

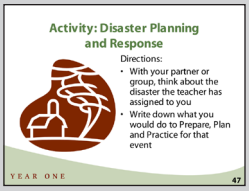
The type and strength of an external disaster will determine how to respond. It is always a good idea to stay calm. For example, in an earthquake, how to respond depends on where you are when the earthquake occurs. If you are inside a building, stay away from windows, stand in a doorway, or crouch under a sturdy desk or table. If you are outside, stand away from buildings, trees, and telephone and electrical wires. If you are in a car, drive away from underpasses or overpasses, stop in a safe area, and stay in the car.

After an earthquake, one should:

- Check for injuries and provide any needed first aid.
- Check for gas, water, electrical, or other breaks. Turn off utilities where danger exists (for example, if you smell gas, turn off gas near meter).
- Check for building damage (for example, around chimneys and foundations).
- Clean up dangerous spills (for example, glass or water).
- Turn on your radio and listen for instructions.
- Use the telephone only if needed to call for immediate help.

Activity: Disaster Planning and Response

Show Slide #47: Activity: Disaster Planning and Response



- Groupings: Pairs or small groups.
- Assign each group a particular type of disaster:
  - — Earthquake
  - — Flood
  - — Fire
  - — Tornado
  - — Toxic spill in the neighborhood
- You do not have to assign all of the above disasters to groups and can include others if you would like.
- Give each group a piece of chart paper and markers.
- Directions: Determine the best way to Prepare, Plan, and Practice for the disaster. Chart your team decisions on the wall chart paper and be prepared to present the plan to the large group. Other teams will critique the plan, so make sure you've covered everything.
- Ask teams to report back to the large group, and ask for comments and suggestions from the students.
- Each team, regardless of the disaster assigned, should include the following in their recorded answers:
  - — Prepare: Supplies as listed in Student Guide.

    Posted Disaster Plan.

    Items and information for individuals in the home as listed in Student Guide.
  - — Plan: Address who will-

    Direct evacuation and person count

    Handle first aid

    Communicate with emergency services and others

    Provide or secure transportation

    Turn off utilities
  - — Practice: Plan might include describing various disasters, setting dates and times for drills, etc.

ACTIVITY

Disaster Planning and Response

Directions: Using the disaster the teacher has given you, write down what you would do to Prepare, Plan, and Practice.

Prepare

What do you need to have on hand?

Plan

What steps will you take in the event of this disaster? (Be sure to be specific; for example, who will do what?)

Practice

Describe the plan for DSPs and consumers to practice steps.

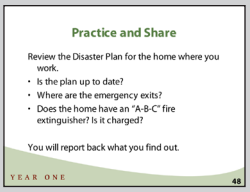
Summary

- Ask students to turn back to the "What Do You Want to Know" activity at the beginning of the session. Give students 5 minutes to think about what they learned and answer the third question.
- Ask for volunteers to share their answers.

PRACTICE AND SHARE

Show Slide #48: Practice and Share

- Direct students to Practice and Share directions.
- Read the directions and make sure students understand the assignment.



PRACTICE AND SHARE

Review the Disaster Plan for the home where you work and do the following:

- Is the plan up to date? If not, tell your administrator.
- Locate the emergency exits.
- Does the home have an "ABC" fire extinguisher? Is it charged? If not, tell your administrator.

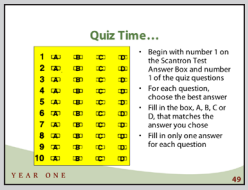
Quiz: Risk Management: Environmental Safety

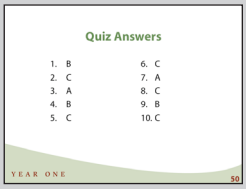
Show Slide #49: Quiz Time...

- Review the directions for filling out a ScanTron form.
- Give students 20 minutes to take the quiz.

Show Slide #50: Quiz Answers

- Discuss questions and answers as a class.
- Remind students to mark the correct answers so they can use the corrected quizzes as a study guide for the test after training.





Directions: The quiz consists of 10 questions. You will be given 20 minutes to answer them. Remember to fill in the oval that corresponds to the correct answer. We will review the answers as a class. As we review, mark the correct answers so that you can use them to study for the Test After Training.

Answers

1. *B*
2. *C*
3. *A*
4. *B*
5. *C*
6. *C*
7. *A*

Session 9 Quiz

Risk Management: Environmental Safety

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D

1. **What is one way to prevent poisoning from household chemicals:**
   A) don't store ANY poisonous chemicals in the home.
   B) keep all poisonous products in locked cabinets.
   C) tell individuals in the home not to touch poisonous products.
   D) place poisonous products on a shelf.

2. **What is the first thing a DSP must do if they think an individual may have been poisoned?**
   A) make the individual vomit.
   B) call the home administrator.
   C) call the Poison Control Center.
   D) ask a neighbor for help.

3. **What is one thing a DSP can do to prevent some falling accidents?**
   A) use a rubber mat or a bench in the shower.
   B) leave books and toys on stairways.
   C) allow spills to air dry.
   D) keep wires and hoses along walkways.

4. **If an individual who has fallen appears to have been seriously injured or is bleeding, what should the DSP do?**
   A) tell another DSP; move the individual to a nearby chair or sofa.
   B) call 911 for assistance; do not move the individual.
   C) ask the individual if they would like some help.
   D) ask the individual how they fell.

5. **Which activity will help prevent injury from fires?**
   A) place all cardboard boxes in a pile in the garage.
   B) allow smoking anywhere in the house.
   C) check smoke detectors monthly and replace batteries annually.
   D) keep extra wood and paper in the fireplace.

6. **What should a DSP do if they smell smoke or discover a fire?**
   A) take some individuals out, then go back for others.
   B) stop and get important papers and personal belongings.
   C) help all individuals out of the home; meet in a designated meeting place.
   D) leave at once; others will follow the DSP.

7. **What can a DSP do to prevent drowning?**
   A) help individuals learn about water safety.
   B) allow diving in shallow water.
   C) leave water in open buckets where it can be easily seen.
   D) serve alcohol at pool parties.

Quiz: Risk Management: Environmental Safety (continued)

8. *C*
9. *B*
10. C

End of Session 9.

8. **Which item below is a principle of good body mechanics?**
   A) bend from the waist to pick up heavy objects.
   B) reach down into deep tubs and bins.
   C) keep the natural curve of the spine when lifting.
   D) twist sharply at the waist.

9. **A "medical emergency":**
   A) is a serious accident that occurs away from the facility.
   B) is an unexpected event requiring first aid, followed by prompt medical attention.
   C) is when an individual's doctor calls unexpectedly.
   D) is an event only to be handled by the home administrator.

10. **Which of the following is an environmental emergency?**
   A) choking.
   B) taking the wrong medication.
   C) an earthquake.
   D) falling from a ladder.

Appendices

Safety for Children

Safety for Infants

1. Never shake a baby!
2. Never leave an infant alone on a bed, changing table or other high object.
3. Always put crib rails up when stepping or turning a way from the infant.
4. Place a baby down to sleep on his or her back or on the side, with the lower arm forward to stop infant from rolling over.
5. Place a baby on a firm mattress and do not use fluffy blankets or comforters under the baby. Do not let a baby sleep on a waterbed, sheepskin, pillow, or other soft material.
6. Cover electrical outlets with childproof covers.
7. Make certain that wires and cords from lamps, appliances, etc. are not hanging where a child could easily pull them, causing something to fall.
8. Keep gates in front of steps and stairs.
9. Keep all medicine, household cleaners, and any other toxic substance out of the reach of children, in a locked cabinet.
10. Keep childproof latches on all drawers and cabinets to prevent an infant, toddler, or small child from opening.
11. Keep all plastic bags away from infants and small children.
12. Keep needles, safety pins, coins, beads and other small objects away from infants and small children.
13. Never give an infant or young child foods that are easily choked on, such as popcorn, peanuts, grapes, raw vegetables, marshmallows, hot dogs or other items which may obstruct a child's airway.
14. Place hot coffee pot or other hot item in the center of the table out of a child's reach. Do not place hot items on a table with a tablecloth, unless the child is supervised.
15. Never leave a child alone in a bathtub, or near other bodies of water, such as a fishpond or swimming pool. A child's small inflatable plastic pool can also be dangerous if the child is not supervised.
16. Use a sunscreen with an SPF of 15 or higher when taking an infant or child outdoors.
17. Always place an infant in a car seat, which has been properly installed. Place infant car seat in back seat.
18. Never leave a child alone near a lighted stove, fireplace, barbeque, burning candle or lamp.

Safety for Toddler and Preschooler

1. Keep all power and hand tools out of the reach of children.
2. If you have Venetian blinds with cords having loops at the end, cut the loop in order to avoid the child getting his or her neck caught in it.
3. Keep matches and lighters out of reach.
4. Always turn the handles of pots and pans towards the back of the stove.
5. Learn which plants are poisonous and keep young children away from them.
6. Be certain children are secured with a seatbelt when seated in carriages and strollers.
7. Never leave a child alone in a carriage, stroller or shopping cart.
8. Never leave a child alone in the house or a parked car.
9. Children weighing up to 60 pounds or up to six years of age should ride in a car seat.
10. Never place a child in the front passenger seat with passenger side air bags.
11. Discard old refrigerators, freezers, or stoves or have the doors removed from them.
12. Never have firearms (loaded or unloaded) where a child can reach them.

Safety for School Age

Among school-aged children, motor vehicle accidents are the leading cause of death, followed by pedestrian injuries. A high percentage of non-fatal injuries are due to falls. Consideration for keeping school-aged children safe include:

1. Use seatbelts at all times in automobiles.
2. Use appropriately fitting helmets on all children riding bicycles.
3. Educate children about the danger of going into the street. Set boundaries. Use door alarms or other devices in home of children who may not understand and run into the street.
4. Always have adult supervision when children are swimming.
5. Teach children about appropriate interaction with strangers (getting into cars, answering doors, etc.)

Disaster Plan for Residential Care Facilities

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EMERGENCY DISASTER PLAN FOR ADULT DAY PROGRAMS, ADULT RESIDENTIAL FACILITIES, RESIDENTIAL CARE FACILITIES FOR THE CHRONICALLY ILL AND SOCIAL REHABILITATION FACILITIES

INSTRUCTIONS:
Post a copy in a prominent location in facility, near telephone.
Licensee is responsible for updating information as required.
Return a copy to the licensing office.

NAME OF FACILITY	ADMINISTRATOR OF FACILITY
FACILITY ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER ( )

I. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)

NAME(S) OF STAFF	TITLE	ASSIGNMENT
1.		DIRECT EVACUATION AND PERSON COUNT
2.		HANDLE FIRST AID
3.		TELEPHONE EMERGENCY NUMBERS
4.		TRANSPORTATION
5.		OTHER (DESCRIBE)
6.		

II. EMERGENCY NAMES AND TELEPHONE NUMBERS (IN ADDITION TO 9-1-1)

FIRE/PARAMEDICS	POLICE OR SHERIFF
RED CROSS	OFFICE OF EMERGENCY SERVICES
PHYSICIAN(S)	POISON CONTROL
HOSPITAL(S)	AMBULANCE
DENTIST(S)	CRISIS CENTER
LONG TERM OMBUDSMAN	OTHER AGENCY/PERSON

III. FACILITY EXIT LOCATIONS (USING A COPY OF THE FACILITY SKETCH [LIC 999] INDICATE EXITS BY NUMBER)

1.	2.
3.	4.

IV. TEMPORARY RELOCATION SITE(S) (IF AVAILABLE, SUBMIT LETTER OF PERMISSION FROM RENTER/LEASEE/MANAGER/PROPERTY OWNER)

NAME	ADDRESS	TELEPHONE NUMBER
		( )
NAME	ADDRESS	TELEPHONE NUMBER
		( )

V. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999])

ELECTRICITY

WATER

GAS

VI. FIRST AID KIT (LOCATION)

VII. EQUIPMENT

SMOKE DETECTOR LOCATION (IF REQUIRED)

FIRE EXTINGUISHER LOCATION (IF REQUIRED)

TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED)

LOCATION OF DEVICE

VIII. AFFIRMATION STATEMENT

AS ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICATED BELOW. I SHALL INSTRUCT ALL CLIENTS/RESIDENTS, AGE AND ABILITIES PERMITTING, ANY STAFF AND/OR HOUSEHOLD MEMBERS AS NEEDED IN THEIR DUTIES AND RESPONSIBILITIES UNDER THIS PLAN.

SIGNATURE	DATE